

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/525062

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/					
2	/						52		/					
3	/						53		/					
4		/					54		/					
5		/					55		/					
6		/					56		/					
7		/					57		/					
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
20	/						70							
21	/						71							
22		/					72							
23		/					73							
24		/					74							
25		/					75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31		/					81							
32		0					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42	/						92							
43		/					93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS							